

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>04-MAY-2015</b>		2. ADDRESS OF OCCURRENCE <b>5555 W GRAND AVE CHICAGO, IL 60639</b>		3. LOCATION CODE <b>281</b>		4. BEAT/OCCUR <b>2515</b>	
5. POSITION <b>9161</b>		6. LAST NAME <b>MCNALLY</b>		7. FIRST NAME <b>PETER J</b>		8. STAR NO. <b>17583</b>	
9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE <b>508</b>		12. HT. <b>175</b>	
13. DATE OF APPT <b>30-NOV-2012</b>		14. EMPLOYEE NO. <b>025</b>		15. UNIT & BEAT OF ASSIGNMENT <b>2502</b>		16. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	
17. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		18. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. LAST NAME <b>GAMA</b>		20. FIRST NAME <b>MIGUEL</b>	
21. M.I. <b>WWH</b>		22. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		23. RACE <b>WWH</b>		24. D.O.B. <b>14-MAY-1987</b>	
25. HT. <b>508</b>		26. WT. <b>260</b>		27. ADDRESS <b>2520 N NEW ENGLAND AVE CHICAGO, IL 60707</b>		28. TELEPHONE NO.	
29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. WHERE WAS MEDICAL TREATMENT OBTAINED? <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	
33. BY WHOM? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		34. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		35. CHARGES PLACED <b>720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4</b>		36. DNA <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
37. CB NO. <b>19108269</b>		38. IR NO. <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		39. SUBJECT'S ACTIONS		40. MEMBER'S RESPONSE	
41. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		42. STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		43. OTHER		44. MEMBER PRESENCE <input checked="" type="checkbox"/>	
45. VERBAL COMMANDS <input checked="" type="checkbox"/>		46. ESCORT HOLDS <input checked="" type="checkbox"/>		47. WRIST LOCK <input checked="" type="checkbox"/>		48. ARMBAR <input checked="" type="checkbox"/>	
49. PRESSURE SENSITIVE AREAS <input type="checkbox"/>		50. CONTROL INSTRUMENT <input type="checkbox"/>		51. OC/CHEMICAL WEAPON W/ AUTHORIZATION <input type="checkbox"/>		52. OTHER	
53. OPEN HAND STRIKE <input type="checkbox"/>		54. TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		55. OC/CHEMICAL WEAPON <input type="checkbox"/>		56. CANINE <input type="checkbox"/>	
57. TASER (Probe Discharge) <input type="checkbox"/>		58. TASER (Contact Stun) <input type="checkbox"/>		59. TASER (Spark Displayed) <input type="checkbox"/>		60. OTHER	
61. ELBOW STRIKE <input type="checkbox"/>		62. KNEE STRIKE <input type="checkbox"/>		63. KICKS <input type="checkbox"/>		64. IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	
65. IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		66. OTHER		67. FIREARM <input type="checkbox"/>		68. OTHER	
69. IMMEDIATE THREAT OF BATTERY <input type="checkbox"/>		70. ATTACK WITH WEAPON <input type="checkbox"/>		71. ATTACK WITHOUT WEAPON <input type="checkbox"/>		72. OTHER	
73. ADDITIONAL INFORMATION		74. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		75. 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		76. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
77. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		78. WEATHER CONDITIONS <b>RAIN</b>		79. MAKE/MANUFACTURER		80. MODEL	
81. BARREL LENGTH		82. CALIBER/GAUGE		83. TASER DART ID NO.		84. WEAPON SERIAL NO. (Include Letters)	
85. CHICAGO GUN REG. NO.		86. IL FIREARM OWNER ID NO.		87. HANDGUN CERTIFICATE NO.		88. SPECIAL WEAPON CERTIFICATE NO.	
89. PROPERTY INVENTORY NO.		90. TYPE OF AMMUNITION USED		91. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		92. TOTAL NO. OF SHOTS MEMBER FIRED	
93. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		94. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		95. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		96. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	
97. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		98. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		99. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		100. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	
101. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-05 FT. <input type="checkbox"/> 02 05-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.		102. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		103. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		104. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC	
105. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		106. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		107. REPORTING MEMBER (Print Name) <b>MCNALLY, PETER J</b>		108. STAR/EMPLOYEE NO. <b>17583</b>	
109. SIGNATURE <b>04-MAY-2015 03:20:36</b>		110. REVIEWING SUPERVISOR (Print Name) <b>O DONNELL, JOHNNY</b>		111. STAR NO. <b>2018</b>		112. SIGNATURE	
113. DATE REVIEWED <b>04-MAY-2015 03:20:49</b>		114. TIME		115. EVENT NO. <b>1512314094</b>		116. R.O. NO. <b>HY246134</b>	

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ ONA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject repeatedly screamed that he wanted his phone call.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO. CRNO \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAY-2015 03:25:46

79. TOTAL TRR: THIS EVENT No.

6